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CENTRAL FAX CENTER****AUG 11 2004****DATE:** August 11, 2004**PTO IDENTIFIER:** Application Number 09/899,448
Patent Number**Inventor:** Patrick J. Treacy et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
Konstantin A. Caploon**PHONE:** (908) 518-6440**Attorney Dkt. #:** OSTEONICS 3.0-417**PAGES (Including Cover Sheet):** 8**CONTENTS:** Amendment After Final Action (37 C.F.R. Section 1.116) (5 pages)
Amendment Transmittal (1 page) and
Certificate of Transmission under 37 CFR 1.8 (1 page).

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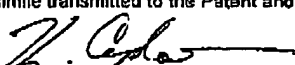
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Amendment After Final Action (37 C.F.R. Section 1.116) (5 pages)
Amendment Transmittal (1 page) and
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AMENDMENT TRANSMITTAL LETTER			Expedited Procedure	
Application No. 09/899,448	Filing Date July 5, 2001	Examiner J. G. Blanco	Group Art Unit 3738	
Applicant(s): Patrick J. Treacy, Damon Servidio, Lawrence R. Menendez, and Kathleen N. Burns			Docket No. OSTEONICS 3.0-417	
Invention: PELVIC PROSTHESIS PLUS METHODS AND TOOLS FOR IMPLANTATION				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	20	- 41 =		x 0.00
Independent Claims	1	- 3 =		x 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Konstantin A. Caploon Attorney Reg. No. 51,527			Dated: August 11, 2004	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6318				
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9308, on the date shown below. Dated: August 11, 2004 Signature:  (Konstantin A. Caploon)				